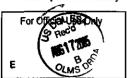
U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



1 File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

	1/1/04 Through 12/31/04	
3 Name and address of person filing	4 Name, file number, and address of labor organization	
Name David M MAURO	Name IBEW #617	
	Labor Organization File Number 030 - 282	
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any	
Street 1532 Columbus Ave	Street 1701 Leslie	
city Burlingane	City Say Mateo	
State Ca 1, f ZIP Code + 4 94010 - 4	State CALIF ZIP Code + 4 944024	
5 Position in labor organization		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions)	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat		
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or income	
Name		
Trade Name, if any		

Signature

ZIP Code + 4

7 b Amount

	guature	
15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the Information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed Wall Mark	on 8/12/05	650 340-8495
	Date	Telephone Number

Street

City

State

PO Box, Bldg , Room No , if any

Name of Person Filing DAND M MAVRO	File Number U- 030, 282		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name IBE 10 Hold Hold Hold Hold Hold Hold Hold Hold	9 Business deals with a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name IBEW 617 Health Welfare / Pension	LOST WASES		
Trade Name If any	ReIm Bursed Expenset		
P O Box, Bldg , Room No , if any	,		
Street 1120 BASCOM	11 b Approximate dollar value of such dealing 3 4102.82		
city San Jose	12 a Nature of interest held or income received		
State Colif ZIP Code + 495128-4	LOST WAGES		
	LOST WASES REIMBURSED EXPENSE		
	12 b Amount \$ 4,02,82		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any			
Street			

14 b Amount of payment

13 b Is the Business an Employer

ZIP Code + 4

or Consultant

?

City

State

H&W

IF CONFERENCE